

Case Number:	CM14-0056516		
Date Assigned:	07/09/2014	Date of Injury:	11/05/2012
Decision Date:	09/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Progress report dated 10-02-2013 documented subjective complaints of right knee pain. Objective findings documented right knee tenderness, decreased range of motion flexion, gait antalgic, alert and oriented. Diagnoses were knee pain, postsurgical, bursitis, tenosynovitis, chronic pain. Date of injury was 04-05-2006. Treatment plan included Norco, TENS, cane. MRI magnetic resonance scan of the right knee performed November 4, 2013 documented surgery in 2006. MRI findings included status post surgery presumably a partial medial meniscectomy, involving portions of the body of the medial meniscus, degeneration versus re-tear of the posterior horn of the medial meniscus, deteriorative changes involving the anterior distal femoral cartilage in the midline and towards the lateral side, tendinosis of the patellar tendon, thickening of the proximal half of the superficial medial collateral ligament suggesting scar healing from prior partial thickness tearing, tendinosis of the proximal origin of the popliteus tendon. Progress report dated 11-06-2013 documented subjective complaints of right knee pain. Objective findings documented right knee tenderness, decreased range of motion, gait antalgic, alert and oriented. Diagnoses were knee pain, postsurgical, bursitis, tenosynovitis, chronic pain. Date of injury was 04-05-2006. Treatment plan included refill pain meds, TENS. Utilization review dated 04-24-2014 recommended for no medical necessity of TENS transcutaneous electrical nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Transcutaneous Electrical Nerve Stimulation (TENS) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-117 Page(s): 114-117.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses transcutaneous electrical nerve stimulation (TENS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Passive modalities are not recommended for knee conditions without an exercise program. TENS is not recommended for forearm, wrist, and hand Complaints. TENS is not recommended for low back conditions. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. TENS is not recommended. ACOEM 3rd edition does not recommend TENS for shoulder and knee disorders. MTUS Chronic Pain Medical Treatment Guidelines state that TENS does not appear to have an impact on perceived disability or long-term pain. TENS is categorized as a type of electrical stimulators (E-stim). Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence-based functional restoration programs (FRP) for the conditions described below. Complex regional pain syndrome CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis are the conditions that may be considered for TENS according to MTUS guidelines. Criteria for TENS requires documentation of chronic intractable pain for the conditions noted above. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. Documentation of how often the unit was used, as well as outcomes in terms of pain relief and function is required. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Progress report dated 10-02-2013 documented diagnoses were knee pain, postsurgical, bursitis, tenosynovitis, chronic pain. Date of injury was 04-05-2006. Treatment plan included Norco, TENS, cane. Progress report dated 11-06-2013 documented diagnoses were knee pain, postsurgical, bursitis, tenosynovitis, chronic pain. Treatment plan included refill pain meds, TENS. MRI magnetic resonance scan of the right knee 11-04-2013 was reported. No other medical records were submitted for review. Medical records do not document enrollment in a functional restoration programs (FRP), which is required by MTUS guidelines. Patient does not have CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, or multiple sclerosis - which are the only conditions that are recommended for TENS consideration per MTUS guidelines. There is no documentation of physical therapy (PT), or response to PT. MTUS, ACOEM, ODG, and Chronic Pain Medical Treatment Guidelines do not support the medical necessity of TENS. Medical records do not provide documentation of conditions and criteria that would support the medical necessity of TENS. Therefore, the request for Transcutaneous Electrical Nerve Stimulation (TENS) x 2 is Not medically necessary.

